		PARE B	LEE(O) IVY	NSMITTAL		April 1
Complete and send	this form, together w	th applicable feet			E FEE or Patents ginia 22313-1450	
INSTRUCTIONS: This	form should be used for tra	nsorthing the ISSN	or <u>Fax</u>	(571) 273-2885 CATION FEE (if requ	uired). Blocks 1 through 5 s	should be completed when
appropriate. All further c indicated unless corrected maintenance fee notificati	form should be used for tra correspondence including the d below or directed otherwis ions.	Paten ICAB order e in Block I, by (a) sp	s and notification pecifying a new	of maintenance fees correspondence address	will be mailed to the current ; and/or (b) indicating a sepa	correspondence address a arate "FEE ADDRESS" fo
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 07/27/2005				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanyin papers. Each additional paper, such as an assignment or formal drawing, much have its own certificate of mailing or transmission.		
CHARLES M. 1 6524 TRUMAN FALLS CHURCI 01/2005 MBEYENE2 000	LEEDOM, JR LANE H, VA 22043			Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Units States Postal Service with sufficient postage for first class mail in an enveloy addressed to the Mail Stop ISSUE FEE address above, or being facsimit transmitted to the USPTO (571) 273-2885, on the date indicated below.		
						(Depositor's name
FC:1501 1400.00 OP						(Signature
						(Date
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/835,464 TITLE OF INVENTION:	04/17/2001 CELLULAR TELEPHONE		Harry M. O'Sulli TION SYSTEM		740301-415	6002
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	1	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$0	\$1400	10/27/2005
EXA	AMINER	ART UNIT	(CLASS-SUBCLASS]	•
ORGAD, EDAN		2684	34 455-557000			
CFR 1.363).	nce address or indication of "l			the patent front page, I up to 3 registered pate		les M. Leedom,
Change of correspo Address form PTO/SB/ "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN	cation (or "Fee Address" India 2 or more recent) attached. University of the Control of the Cont	eation form se of a Customer BE PRINTED ON THE	or agents OR, alt (2) the name of a registered attorned 2 registered pater listed, no name w E PATENT (print	ernatively, single firm (having as y or agent) and the nan it attorneys or agents. If ill be printed. or type)	a member a 2 nes of up to f no name is 3	
Change of correspond Address form PTO/SB/ "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unle recordation as set forth	/122) attached. cation (or "Fee Address" Indic or more recent) attached. Use ND RESIDENCE DATA TO ess an assignee is identified to in 37 CFR 3.11. Completion	cation form se of a Customer BE PRINTED ON THE below, no assignee data of this form is NOT a	or agents OR, alt (2) the name of a registered attorned 2 registered pate listed, no name w E PATENT (print a will appear on substitute for fili	ernatively, single firm (having as y or agent) and the nan t attorneys or agents. If ill be printed. or type) the patent. If an assign ng an assignment.	a member a 2	
Change of corresponded and the	/122) attached. cation (or "Fee Address" Indic or more recent) attached. Use ND RESIDENCE DATA TO case an assignee is identified to in 37 CFR 3.11. Completion case and the case of the ca	cation form se of a Customer BE PRINTED ON THE pelow, no assignee data of this form is NOT a	or agents OR, alto (2) the name of a registered attorned to registered pater listed, no name we PATENT (print a will appear on substitute for filities.	ematively, single firm (having as y or agent) and the nan attorneys or agents. If ill be printed. or type) the patent. If an assign	a member a 2	
Change of correspond Address form PTO/SB/ "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG MLR, LA	/122) attached. cation (or "Fee Address" Indic or more recent) attached. Use ND RESIDENCE DATA TO case an assignee is identified to in 37 CFR 3.11. Completion case and the case of the ca	tation form se of a Customer BE PRINTED ON THE pelow, no assignee data of this form is NOT a (B) R	or agents OR, alt (2) the name of a registered attorne 2 registered pate listed, no name w E PATENT (print a will appear on substitute for fili ESIDENCE: (CI	ernatively, single firm (having as yo r agent) and the nan t attorneys or agents. If ill be printed. or type) the patent. If an assigned an assignment. TY and STATE OR COLLAGE GARLE	a member a 2	document has been filed fo
Change of corresponddress form PTO/SB/ "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIGMAL R, LA Please check the appropriate. The following fee(s) and Issue Fee	/122) attached. cation (or "Fee Address" Indic or more recent) attached. Us ND RESIDENCE DATA TO case an assignee is identified to in 37 CFR 3.11. Completion since Cate assignee category or categore enclosed: o small entity discount permit	cation form se of a Customer BE PRINTED ON THE below, no assignee data of this form is NOT a (B) R Periories (will not be printed)	or agents OR, alt (2) the name of a registered attorned 2 registered pater listed, no name w E PATENT (print a will appear on substitute for fili ESIDENCE: (CI ad on the patent) ayment of Fee(s): A check in the a Payment by cre-	ernatively, single firm (having as yor agent) and the name at attorneys or agents. If all be printed. or type) the patent. If an assignment. TY and STATE OR CO Ch Garde Individual Commount of the fee(s) is endit card. Form PTO-203 hereby authorized by or	a member a 2 2 3 3 3 3 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	roup entity Government
Change of corresponddress form PTO/SB/ "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG MLR, LA Please check the appropriate. The following fee(s) and Issue Fee Publication Fee (No. Advance Order - #	/122) attached. cation (or "Fee Address" Indic or more recent) attached. Us ND RESIDENCE DATA TO case an assignee is identified to in 37 CFR 3.11. Completion since Cate assignee category or categore enclosed: o small entity discount permit	cation form se of a Customer BE PRINTED ON THE below, no assignee data of this form is NOT a (B) R Periories (will not be printed 4b. Periories (will not be printed)	or agents OR, alt (2) the name of a registered attorne 2 registered pater listed, no name w E PATENT (print a will appear on substitute for fili ESIDENCE: (CI alm Bea ad on the patent) ayment of Fee(s) A check in the a Payment by cree The Director is eposit Account N	ernatively, single firm (having as yor agent) and the name at attorneys or agents. If ill be printed. or type) the patent. If an assigning an assignment. TY and STATE OR CO Ch Garde Individual Commount of the fee(s) is endit card. Form PTO-203 hereby authorized by comber	a member a 2 2 3 3 3 3 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	document has been filed for the following for the form overpayment, copy of this form).
Change of corresponddress form PTO/SB/ "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG MLR, LA Please check the appropriate the properties of the publication fee (Note and Publicatio	/122) attached. cation (or "Fee Address" Indic 2 or more recent) attached. Use ND RESIDENCE DATA TO 1 css an assignee is identified to in 37 CFR 3.11. Completion in EE C ate assignee category or categore enclosed: o small entity discount permit of Copies us (from status indicated above	action form se of a Customer BE PRINTED ON THE below, no assignee data of this form is NOT a (B) R Poories (will not be printe 4b. Pre ted) De 237 CFR 1.27.	or agents OR, alt (2) the name of a registered attorne 2 registered pater listed, no name w E PATENT (print a will appear on substitute for fili ESIDENCE: (CI alm Bea ad on the patent) ayment of Fee(s): A check in the a Payment by cree The Director is eposit Account N	ernatively, single firm (having as yor agent) and the name at attorneys or agents. If it is printed. or type) the patent. If an assigning an assignment. TY and STATE OR CO Ch Garde Individual Individual	a member a 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	roup entity Government overpayment, copy of this form).
Change of corresponddress form PTO/SB/ "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG MLR, LA Please check the appropriate the properties of the publication fee (Note and Publicatio	/122) attached. cation (or "Fee Address" Indic 2 or more recent) attached. Use ND RESIDENCE DATA TO 1 case an assignee is identified to in 37 CFR 3.11. Completion since L Cate assignee category or category enclosed: completion of Copies com	action form se of a Customer BE PRINTED ON THE below, no assignee data of this form is NOT a (B) R Poories (will not be printe 4b. Pre ted) De 237 CFR 1.27.	or agents OR, alt (2) the name of a registered attorne 2 registered pater listed, no name w E PATENT (print a will appear on substitute for fili ESIDENCE: (CI alm Bea ad on the patent) ayment of Fee(s): A check in the a Payment by cree The Director is eposit Account N	ernatively, single firm (having as yor agent) and the name at attorneys or agents. If it is printed. or type) the patent. If an assigning an assignment. TY and STATE OR CO Ch Garde Individual Individual	a member a 2 nes of up to 3 nee is identified below, the of the country) Ens, FL Corporation or other private granclosed. 8 is attached. Charge the required fee(s), or (enclose an extra of the country paid issue fee to the applicate of the country or agent; or the country or agent; or the country of the country or agent; or the country of the count	roup entity Government or credit any overpayment, topy of this form).

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.